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Bib Data Sheet

CONFIRMATION NO. 3161

SERIAL NUMBER 09/759,622	FILING OR 371(c) DATE 01/12/2001 RULE	CLASS 536	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. TRV 20011-2
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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/040,774 03/18/1998 PAT 6,207,811

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

05/08/2001

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Nephrin gene and protein

FILING FEE RECEIVED 765	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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